The Consultative Workshop as a Qualitative Method of Inquiry:
The Case of Guidance and Counseling Teachers and Community-Based Counselors
in Maun, Botswana

Lisa Lopez Levers
Duquesne University

Introduction

Botswana is reported to have the highest prevalence rate of HIV/AIDS in the world. This pandemic has affected Botswana's economic and social structures in multi-faceted ways. One significant outcome of a pandemic in which so many adults of childbearing age have died is the number of orphans who have been left behind, many to live in poverty.

It is estimated that there are over 12 million children in Africa who have been orphaned due to AIDS, with at least 65,000 orphans reported in Botswana. The problem is emergent, and it is highly complex; efforts to address the problem also are emergent, and complications include relatively new community-based services that tend to be fragmented and disconnected for the most part. Few professionals in the country have been trained in early childhood education, development, or intervention. There are relatively few trained professional counselors in the country; counselors and other helping professionals have not had much (if any) specialized training in traumatology, let alone training related to the impact of trauma and bereavement on childhood development. While indigenous knowledge and traditional practices offer much to parents in the way of cultural childrearing tenets, such trans-generational wisdom alone cannot begin to anticipate the current problems associated with the pandemic's effects on children.

The Maun Counseling Center (MCC), located in Maun, Botswana, and funded by a faith-based NGO (non-governmental organization), recently unveiled a child trauma and bereavement program as an extension of its orphans preschool and caretakers outreach

programs; this may be the only such systemic child trauma program in the country at the present time. I was asked to inaugurate the program by providing a one-day workshop for the caregivers of AIDS orphans and a three-day workshop for the guidance and counseling teachers from schools in Maun; several community-based counselors also were included in the latter workshop. The Ministry of Education provided funding for the three-day workshop.

The topic for both workshops related to the effects of trauma and bereavement on child development, particularly in reference to AIDS orphans. The two audiences were different, in that most of the caretakers had little education, while the teachers and counselors were professionally trained, even if at varied levels. With this in mind, I conducted the caretakers' workshop as a straightforward piece of interactive training. The teacher/counselor workshop, however, was structured as a consultative workshop. The pedagogical aim of such a workshop was to use my delivery of expert knowledge to empower the teachers and counselors in synthesizing this newly acquired knowledge with their own experiential knowledge and in constructing new ways of thinking about school-based and community-based problems associated with the orphans. I felt that such a pedagogical pursuit had the potential for rendering a rich learning experience for the participants, as well as contributing to the knowledge base of professional understandings about this emergent phenomenon.

Consultative workshops have become a popular way in developing contexts to address new and emergent problems and seek professionally informed solutions to them. This paper uses the case of this particular teacher/counselor workshop to illustrate how the consultative workshop can be used as a qualitative research method, with theoretical links to participatory action research and rapid appraisal methods. The focus of this paper, then, is twofold. First, it reports new data relating to an emergent phenomenon, data that have the potential to inform the current crisis surrounding AIDS orphans first in Botswana, but possibly with implications for Sub-Saharan Africa. Second, it makes the case for establishing the consultative workshop as a qualitative research method. The

latter is accomplished in the following ways: (1) by offering a discussion about the nature of the consultative workshop; (2) by exploring how the consultative workshop can render rich naturalistic data, useful for pedagogical purposes, but also useful within the design of a qualitative investigation; (3) by presenting the case of the Maun workshop as an illustration of using the consultative workshop as a potential method of inquiry; and, (4) by arguing in favor of the legitimacy of using such consultative workshops as a research method, perhaps best characterized as a sub-type of participatory and action sets of research methods.

Background

I believe that it is important to understand the context within which I conducted the work presented here. The Maun workshops were part of a more extensive agenda covering multiple aspects of HIV/AIDS issues and spanning multiple regions of the country. This most recent work occurred during my seventh extended trip to the southern African region over the course of the past ten years. I have been involved in several strands of research (Levers, 1997, 1999, 2002; Levers & Maki, 1994, 1995), but always striving to understand local cultures to the best of my ability. Over the last two years I have been investigating the contextual influences and cultural factors associated with the spread of HIV/AIDS in the southern African region, especially in Botswana. I was invited to present the workshops, not only because of my expertise in the areas of child development, trauma, and HIV/AIDS, but also because of the knowledge that I have tried to gain and distill regarding local African cultures—knowledge that arises from the culture and that can serve to inform the design of culturally relevant interventions.

Consultative Workshop

The consultative workshop offers a format for bringing together stakeholders, who are informed about and experienced in a particular area, for the purpose of problematizing a concern and addressing the specific problem or problem set. Identifying and understanding the nature of the problems associated with AIDS orphans becomes an essential aspect of the inquiry here (Peshkin, 2000). Because the participants have a

stake in the problem, and because their expertise is being sought, the participants in a consultative workshop can be considered a particularly purposefully selected sample.

Consultative workshops typically are constructed to provide cutting-edge information about the problem, presented by experts who are knowledgeable about related topical areas. Informational or instructional modules presented by the experts are followed by break-out groups, where small groups of participants can work together to apply the new information to solving the identified problem. An underlying assumption is that knowledgeable stakeholders are in a key position to apply new information, in concert with and informed by their expertise, to problem resolution. The stakeholder work-groups, operating much like small "think tanks," can produce insightful suggestions about and solutions to the dilemma at hand. When the results of the small groups are then reported to the reconvened larger group, the group synergy often moves beyond the aggregate results to more refined ways of thinking about the problem. This pattern—the presentation of expert knowledge, followed by small group application, followed by reconvened larger group discussion—may be repeated multiple times during the course of a single consultative workshop, thus making data generation and interpretation a highly iterative process.

Maun Teacher/Counselor Workshop

The topic of the three-day workshop was "*The Impact of Trauma and Loss on Early Childhood Development: Culturally Relevant Counseling for Orphans*." Throughout the three days, I offered my expertise on issues related to psychosocial perspectives of childhood development, trauma, and bereavement, and on issues related to the importance of mediating such information through an appropriate cultural lens.

The workshop began with the child development module; this set the theoretical tone for the rest of the workshop, which encouraged a shift from thinking exclusively in terms of a purely psychological perspective to a different paradigmatic view inclusive of a more interdisciplinary, and hence, psychosocial culture-based view. I reviewed the classic

psychological models of development (e.g., Maslow, Piaget, Erikson) with which I knew the participants would have had some familiarity by virtue of their pre-service training. I then provided a general "necessary-but-not-sufficient" critique of the models as being relatively individualistic and thereby not allowing for important social and cultural influences that children must continually negotiate within their environments.

I introduced the participants to Bowlby's (1973, 1980, 1982, 1988) attachment theory and Bronfenbrenner's ecological model of human development (Bronfenbrenner, 1979; Bronfenbrenner & Ceci, 1994). This discussion extended to contemporary theories that are derived from, or at least interface with, the theoretical underpinnings of this ecological perspective, with special attention paid to developmental psychopathology (Belsky, 1993; Belsky, Rovine, & Taylor, 1984; Cicchetti & Aber, 1998; Cicchetti & Lynch, 1993, 1995; Cicchetti & Toth, 1995; Chiccetti, Toth, & Lynch, 1997; Garbarino, Dubrow, Kostelny, & Pardo, 1992; Garbarino & Kostelny, 1996; Garbarino, Kostelny, & Dubrow, 1991; Garmezy 1993). These "neo-ecological" theories provide the theoretical basis for considering environmental risks and protective factors, with an emphasis on interactive and reciprocal aspects of all environmental influences. In spite of the more negative connotation suggested by the nomenclature for this emerging genre in the developmental literature—developmental *psychopathology*—these neo-ecological theories identify maltreated, or at-risk children, as being deleteriously affected by abnormal events, or risk-factors, that alter what would be their otherwise relatively normal developmental pathways. It is the alternative developmental trajectory that is viewed as deviant, not the child. Without intervention, the affected children may eventually develop psychopathological symptomatology, but the emphasis of the neo-ecological theories is the need for identifying protective factors to mediate environmental risks. The trauma and bereavement models that I presented were theoretically compatible with this ecological perspective of child development already offered.

At strategic junctures, I asked the teachers and counselors to move into breakout groups to consider the information that had just been imparted and to respond to a specific task

that I had set out to them. The assigned tasks were theoretically connected to the ecological models, revolving around identifying general risk factors associated with orphan trauma and grief and then identifying protective factors that might address each risk, but within the cultural context of the local area. After a final integration of the various workshop themes, I asked the participants to identify the specific risks faced by the AIDS orphans with whom they work, in their schools and classrooms and in the community, and then to identify protective factors that can be instituted in their schools in response to these risk factors; in addition, I asked that they identify strategies for implementing such risk factors. All the data generated by the groups had been written on large sheets of paper. I was able to take the data "home" with me each night to my tent and record the data into my laptop computer. This allowed me to produce documents for the mornings of Day Two and Day Three that were copied and shared with all participants as a means for checking the accuracy of the data I had captured. This also enabled me to produce a "final" document, representing the data spanning the three days, which I left with the Maun Counseling Center, where it was copied and distributed to the participants for their use in the schools and the community.

The synthesis of ideas served to empower the teachers, so that the final phase of the workshop became a call-to-action by and among the teachers. This action orientation was not orchestrated by me, but rather, naturally evolved from the context of this consultative workshop and from the teachers' and counselors' sense of empowerment.

Naturalistic Data

The nature of the consultative workshop lends itself well to identifying important information about the newly emergent phenomenon being explored within the workshop setting. In the case of the Maun workshop, teachers and counselors had the opportunity to learn new information that might have a positive impact upon their practice with AIDS orphans. Taken alone, such dissemination of information is the usual and typical fare of in-service workshops. However, by discussing their experiences with and knowledge about the orphans, especially reflecting upon new knowledge to which they were just

exposed, they were positioned to begin identifying new ways of thinking about the children in their school and community environments. Such naturalistic data, originating from the professionals working most directly with the orphan-students, can serve a valuable function in terms of the participants' emerging insight about the problems being discussed (Levers, 2002). If captured within the context of an *intentional* research design, these naturalistic data can serve to inform the profession about cutting-edge aspects of the phenomenon at hand and perhaps even generate hypotheses for further investigation—hypotheses that might otherwise not be readily illuminated.

The next part of this paper outlines the day-by-day activity of the case of a consultative workshop with teachers and counselors in Maun and reports the rich data recorded by each small group. Certainly the data collected could be framed, for example, as a case study (Merriam, 1988; Yin, 1990); however, I argue that there are methodological gains to framing the collection of these particular data types as the product of a consultative workshop. This section is then followed by an analysis of this particular consultative workshop as a legitimate qualitative research method.

Consultative Workshop with Maun Teachers

The Maun Counseling Center hosted a three-day workshop for area guidance and counseling teachers and community-based counselors. The workshop was supported by the Ministry of Education. Affordable facilities for such training are scarce in Maun, so the workshop was held on site at MCC in an open space with a thatched roof. The space was shared at lunchtime and during breaks with the orphans attending the pre-school at MCC.

Day One

There were 34 teachers and counselors in attendance at this three-day workshop. The initial discussion focused on Erikson's tasks and stages of development. I raised the issue of "*Botho,*" a cultural construct that describes the acculturation of Batswana children to polite manners and respectful conduct—especially respect of elders. We

discussed the implications of *Botho* for Tswana culture in relationship to early developmental tasks. A discussion of *Botho* is relevant to the AIDS-and-culture discourse, because older men are using (or misusing) the cultural power of *Botho* to exploit very young girls for sexual purposes. Because of *Botho*, some young girls feel that they may not say "no" to adult men, and they therefore feel that they must submit to such sexual abuse. Public discussion of this emergent phenomenon is largely taboo.

Subsequent discussion focused on Bronfenbrenner's model of ecological development, with an emphasis on the notion that risks and protective factors may exist for school-aged children in the environment and in the culture, and that these may have an impact on children's developmental pathways. Participants broke out into small groups to identify specific risks that may have effects on Batswana children and to suggest protective factors that might be instituted to mediate such risks. This clearly was a new way of thinking for these professionals, calling upon them to think in a more systemic—therefore, in a more potential or future-oriented way—than is customary for members of cultures that are marked by an ethos of fatalism. The risks and protective factors were identified in the four small groups as follows.

Table 1: Group 1

RISKS	PROTECTIVE FACTORS
Teacher/student love affairs	Educate people on the nature of professional relationships through the use of role plays and role modeling
Authoritative teachers and parents	Facilitate mutual understanding and encourage open and fair relationships
Neglect by parents	Parent training
Poor role modeling by teachers	Fostering professionalism and instituting a professional code of ethics

Environment is not conducive	Educate children to survive such conditions
Poor working conditions for teachers	Fostering proper administration

Table 2: Group 2

RISKS	PROTECTIVE FACTORS
Family - bereavement - orphans - one-member families - ill health - poverty - abuse/violence - lack of parental care - mistrust/neglect/insecurity	Provide support for families Provide support for care takers Improve social systems Provide parental education Provide home-based medical care Provide job creation/rehabilitation services for orphans
School - frequent absences - abuse - bringing problems to school - non-caring environment - stigma - peer pressure - not coping with work - teen pregnancy - insecurity	Facilitate good communication between schools and homes Provide counseling Offer self-esteem training Provide education and training for staff Offer group support and education relating to peer pressure Provide support for teachers of children with special needs
Community - stigma - abuse - neglect	Provide education Establish support groups in the villages Offer outreach medical support

Table 3: Group 3

RISKS	PROTECTIVE FACTORS
Adult/teacher attitudes	Treat children equally
Negative criticism	Offer creative or constructive criticism
Lack of parental care and guidance	Provide care and give guidance
Peer pressure	Offer self-esteem program
Wrong role model	Provide exemplary models
False protection of children by parents when the child actually did something wrong	Hold children accountable when they do wrong
Autocratic teachers and parents	Aspire toward democratic teaching and parenting styles
False or superficial identity	Be authentic—be yourself

Table 4: Group 4

RISKS	PROTECTIVE FACTORS
Drug/alcohol/substance abuse	Teach kids about the dangers, and enforce age specific ban on alcohol
Escalating rate of crime	Prosecute criminals, and take tough measures
Child abuse - emotional - physical - psychological	Monitor kids and parents in balanced way

Entertainment and edutainment	Parents must monitor and choose type of Entertainment; they must select type of media
Poor socioeconomic family background	Accept social status (and support, if necessary)
Cultural challenge or barrier	Change this part of the culture; acculturate
Prevalence of HIV/AIDS scourge	Think globally—act locally

Day Two

All teachers and counselors from Day One attended on Day Two. I had prepared a document presenting the data recorded on Day One; copies of the document were distributed to all the participants, and we briefly reviewed the material for accuracy. The focus of the day was trauma, and the discussion included trauma theory, the impact of trauma on the course of child development, and the process of trauma recovery. The participants were asked to consider the cultural implications of and applications for what was discussed.

I introduced the participants to a model that I use for discussing violence against and by children in the US. The model identifies proximal influences that are more direct, as well as distal influences that are more sociocultural in nature. I asked them to consider the same issues of violence in the Tswana cultural context and to discuss this in their small groups.

On the issue of violence against and by children, the following local proximal problems were identified in reference to Batswana children: drugs/alcohol, lack of parental care and skills, domestic violence, transgenerational traumatization, stress, lack of education, stigmatization, unemployment, jealousy, poverty, and the media. The participants identified the underlying sociocultural distal dynamics as including "witchcraft" or superstitious beliefs, racism/tribalism, and sexism. The participants discussed the basic

skills of trauma counseling, individual interventions, fostering resilience among children, family and community interventions, and developing culturally responsive strategies.

Day Three

All teachers and counselors continued attendance during the final day of this three-day workshop. I had prepared a second document presenting the data recorded on Day Two; copies of the document were distributed to all the participants, and we briefly reviewed the material for accuracy.

Initial discussion focused on bereavement theory, the experience of loss, and the bereavement process in relationship to HIV/AIDS and the impact on children. As a way of defining local needs and strategies to address them, participants were asked to break out into four small groups in order to identify risks associated with orphans affected by AIDS, to identify protective factors that could be instituted in their schools, and to identify strategies that might facilitate the construction of protective factors in their school systems. The following tables represent the outcome of this effort.

Table 5: Group 1

RISKS	PROTECTIVE FACTORS	STRATEGIES
Sugar daddies/mommies	Education and fund raising committees in schools	Using existing associations such as PACT (Peer Approach Community Team)
School drop-outs	Career guidance centers	Counseling and guidance workshops
Stigmatization	Rewards for better job opportunities	Scripture union (bible study groups)
Truancy	Support groups	Systemic inclusion

Attempted suicides	Training on counseling interventions and referrals	Systemic inclusion
Unprofessional approach by teachers in the name of *in loco parentis*	Instituting "apology" with immediate effect	Apology should be norm
Drug and alcohol abuse	Developing a variety of educational activities	Team work by teachers

Table 6: Group 2

RISKS	PROTECTIVE FACTORS	STRATEGIES
Absenteeism	Good communication between school and home for absenteeism and regular transfer	- Form peer groups (social services) - Use existing groups effectively - Group counseling
Students who regularly transfer from school to school	Same	Same
Abuse or maltreatment by care takers	Awareness training for all in the community	Same
Stigma by teachers and children at school	Education and training for all care takers	Community advocacy
Lack of basic care and neglect by care takers, including - clothing - shelter - food		Same

Poor behavior, poor work habits	Guidance teachers must be known to students, and school committees must be formed	Guidance teachers need more training
Attitudes of teachers, especially lack of empathy	Same	Same
Pregnancy, lack of parental skills, drug abuse, alcoholism, etc.	Same	Regional guidance team
Children easily influenced by peer pressure	Same	Same
Illness, lack of adequate health care	Development of rehabilitation centers	Community advocacy

Table 7: Group 3

RISKS	PROTECTIVE FACTORS	STRATEGIES
Dissemination of information in an unprofessional way	Professional way of counseling	- Hold PTA meetings and care takers meetings - Workshops for children, teachers, and parents
Using the wrong approach in times of crisis	To be empathic in terms of counseling	Retreats for guidance and counseling teachers
Failure to identify problems at an earlier stage	One must identify the children's problems first, then solve them	Same
	Life skills camps	Same

		Networking in schools with NGOs
		Fundraising at the community level
		Formation of community involvement committees

Table 8: Group 4

RISKS	PROTECTIVE FACTORS	STRATEGIES
Truancy	Find out the problem with truancy—find out *why* it is occurring—identify the associated problems	Networking among stakeholders (children, representatives of children in the community)
Attempted rape	Find out the problem related with assault—find out *why* it is occurring—identify the associated problems	Same
Hunger or starvation—so many children come to school with empty stomachs	- rations should be increased - children should have something to eat before the start of class each morning	Fundraising—ensure that donations meet the needs of the recipients
Sickness	Government must ensure a nurse and social worker in each school	Same

Hygiene	The nurse and social worker can survey where students live—they help make the environment conducive	Same
Lack of resources	Community involvement - government must help - donors can increase donations	Involve community leaders

After each group reported its results, the ensuing discussion included the issue of teachers dying from AIDS. Many teachers have died, and many more are HIV-positive and AIDS infected, which has had a huge impact on the educational system of the country. A related area of concern arose, that is, the grief experienced by the children after losing a teacher or an academic mentor; and, of course, this last issue becomes even more traumatic when a child has already lost parents. The discussion also highlighted teachers who have defied ethical and professional standards by having sexual relationships with students—obviously, if teachers are HIV-positive in this scenario, the risk is high for transmission of the virus to students.

<u>Workshop Conclusion</u>

The teachers and counselors expressed a sense of empowerment as a result of this three-day workshop. There was a call-to-action, by way of forming an executive committee for the purpose of partnering with the Maun Counseling Center, the Ministry of Education, and the schools to establish regular workshop meetings. They expressed the desire for the Head Masters (Principals) to be included in the process. The executive committee scheduled a meeting for the following week.

The participants also requested that I provide a third document, capturing the data from this third day of the workshop. I promised that I would prepare a document integrating

the data from all three days, that I would leave this with the staff at MCC, that staff would make copies, and that the participants could stop by MCC to obtain a copy. After the discussion was completed, each participant was awarded a certificate of completion. This ceremony concluded the workshop, along with emphatic reminders among the participants about the scheduled executive committee meeting.

Post Workshop

I had a wonderful opportunity to "pilot" the trustworthiness of the data I had collected from the consultative workshop. While visiting a secondary school and Ministry of Education administrators in another region of the country, a group of teachers and counselors were invited for a short workshop on the same topic as the Maun workshop. I asked the participants of the short workshop to review the data from the three-day workshop. They expressed astonishment that the data reflected the situation of the orphans in another region of the country, because they felt that their responses would have been identical. In fact, one result of the short workshop was that this group began the process to request the Ministry of Education to sponsor the three-day workshop in all the regions of the country.

A second opportunity for verification of the trustworthiness of the findings was presented in Botswana's capital city, Gaborone. I was invited to present a half-day workshop on trauma counseling and orphans at the University of Botswana. This group included academics, as well as teachers and counselors. At the end of the workshop, I asked the participants to review the Maun document. Again, there was strong cultural verification that issues pertaining to the orphans had been captured accurately.

Analysis of the Workshop Data

The data that emerged from this project is rich; it is also contextually dense, full of implications related to a culture that is not my own. For this reason, I am working with "cultural experts,"—Batswana who understand the research methods, along with their own cultures—to ensure that my interpretations are culturally accurate. I have had an

opportunity to have such input regarding the preliminary analysis that is shared below. Because it has been only three months since the workshop, I am still "sitting with the data," and the analytical process is ongoing. The data shown in all the previous tables are revealing and descriptive on surface merit. However, I share four examples, below, of preliminary findings that emerge directly from these data.

Clearly, some of the protective factors that were identified by the participants were more like responses to a problem; and some of the strategies and protective factors did not quite match the risks. However, as previously observed, this was a new way of thinking for these professionals—a way of thinking that is not completely without cultural implications. The data-related value here was in identifying the risks associated with the orphans—risks with at least "ball park" solutions that can anticipate protective factors and that can become better formulated as the conversation continues. The process value here was that these professionals were exercising a new ability to think more systemically about school-based and community-based services for orphans. Although a variety of systems occur naturally within the society, and these traditionally have worked effectively, systemic thinking about service delivery is not a wholly formalized part of the culture, and therefore has not been a part of the necessary landscape for dealing with many facets of the HIV/AIDS pandemic. This predicates the current situation, where there is a lacuna in planned-and-nurtured mechanisms for interface between naturally occurring indigenous systems and the funded systems of health care and social service delivery transplanted from industrial/technological contexts. As I raise this issue of systemic thinking and its cultural implications, I clearly do not intend to imply meanings associated with competency or innate intellect; rather, I am pointing to the importance of considering differences in world views. I believe that the knee-jerk imposition of Western health care and social service systems, along with its culturally-embedded Western ways of "knowing," thinking, and delivering—without local dialogue and without local culturally informed adaptations—has exacerbated rather than abetted HIV/AIDS-related problems in many cases. Such interventions often ignore critical tensions between tradition and modernity, between male and female, and between the

elders and youth; they further ignore other important contextual issues, such as the role of development, the role of the institution, and the role of the individual (Cleaver, 1999; Escobar, 1995; Heeks, 1999; Parpart, 2000).

The data suggest that Western donor organizations—where most of the capital rests for funding HIV/AIDS-related programs in southern Africa—need to be more attentive to cultural issues, with *Botho* being an example that illustrates this point, as well as to the cultural implications for HIV/AIDS programs. The donor organizations, for the most part, rely upon Western or modern medical and social service interventions; however, the cultural context in southern African countries is largely traditional, and therefore does not automatically adhere to the imposition of modern practices. This all raises questions about, and potential hypotheses regarding, the nature of critical, systemic, and strategic ways of thinking in traditional cultures that are more fatalistically oriented but faced with the devastating effects of a modern disease like HIV/AIDS.

The construct of social supports, as provided to children by school personnel, is a relatively recent entry into the professional literature (*e.g.*, Blaney and Ganellen, 1990; Hobfoll and Stephens, 1990; Kaplan and Toshima, 1990; Kennedy, Kiecolt-Glaser, and Glaser, 1990; Levers, 2002). A number of the protective factors identified by the teachers and counselors in this study qualify as social supports. Following an ecological theoretical perspective, questions arise, and hypotheses can be formulated, regarding the systematic and systemic construction of culturally sensitive social supports for at-risk children in schools aimed at mediating risks—especially the risks associated with orphans affected by HIV/AIDS.

The data suggest numerous issues pertaining to professional training. There is a need for training more Batswana professionals with specializations in children and youth issues and for continuing education in the areas of trauma, bereavement, and crisis intervention. Local academics need to examine and update the pre-service curricula for teachers and for counselors, incorporating more practice-based information and technology relating to

the HIV/AIDS pandemic. Professionalization issues need to be considered and pre-service professionals need to be mentored into appropriate ethical conduct (*e.g.*, having sexual relationships with students is always an ethical violation—and this, of course, does not begin to address the moral and legal ramifications).

Analysis of the Consultative Workshop as a Qualitative Research Method

The workshop held with teachers in Maun was structured as a consultative workshop. The information collected in such a workshop and the method for collection share some of the characteristics of data collection with a number of qualitative research and evaluation methods; however, the consultative workshop method is not a perfect match with any existing method. Below, I identify the theoretical framework that anchors my thinking, I discuss other methods that are similar but not exact matches, and I argue for the consultative workshop method as a legitimate qualitative methodology for collecting ethnographic data. The following points are made briefly, partly due to space limitations, but mostly because I am still processing the logic and rationale associated with the means for articulating what I already *know* tacitly. This iterative theory-building process necessitates more time than the three months since the workshop.

Participatory Action Theory

I constructed this consultative workshop with an emphasis on authentic participation. I acknowledge that I had expertise to offer, which was valued by those who supported and attended the workshop; however, I also acknowledge that I highly valued the daily lived-experience expertise of the teachers and counselors, especially in relationship to their first-hand knowledge of the orphans. I therefore intentionally constructed the workshop as a kind of "think tank," where experts with a variety of knowledge bases would share and synthesize information. This led to a horizontal rather than vertical pedagogical model, one that intentionally was designed as *not* hierarchical.

I previously had attended and been asked to present at consultative workshops delivered in developing contexts. Because of this, I had *a priori* understanding of the potential for

rich data collection. When I was asked to conduct the workshop, I immediately saw the opportunity for moving beyond mere training; by incorporating the strategies of a consultative workshop, the workshop could be constructed to have the added spin of research. The data yielded in such a workshop would be used primarily for consultative purposes, informing the participants, local systems, and the local community; but the data could be used secondarily as legitimate research results, thereby informing the still-emerging knowledge base regarding AIDS orphans and being disseminated to a larger public than the local Maun constituency.

The data collection in this workshop model shared theoretical elements with participatory and action-oriented theories of inquiry. The rationale for using this model is grounded in the theories typically associated with participatory action research (Kane, 1997; National Environment Secretariat, 1990; Sweetser, 1996). Unanticipated action included the following: (1) teachers/counselors' skill development around thinking more systemically; (2) the formation of a planning committee/task force; (3) plans to work in partnership—school and community counselors, schools, community agencies, caretakers, caretaker families, administrators, and the Ministry of Education—to address the problems associated with orphans; and, (4) the request by teachers and counselors in other regions of the country to replicate the workshop in their areas. In this sense, the project qualified as action research.

Close, But No Cigar

The Consultative Workshop Method (CWM) shares some characteristics with other qualitative research methods, as well as with some qualitative evaluation methods. Related qualitative research methods include rapid appraisal methods (Beebe, 2001; USAID, 1996), focus groups (Krueger, 1994; Morgan, 1998), focused group interviews (Schensul, LeCompte, Nastasi, & Borgatti, 1999), case study (Merriam, 1988; Yin, 1989), and phenomenologically oriented approaches (van Manen, 1990). Related qualitative evaluation methods include responsive evaluation (Stake, 1975), prefigured evaluation (Eisner, 1985), the set of approaches that Patton (2002) references as

connoisseurship evaluation, and the group of strategies that Tesch (1990) calls evaluative inquiry. However, while CWM approximates some aspects of the above methods, none of these methods fully accounts for the entire array of benefits associated with the intentional use of the CWM.

Consultative Workshop Methods

All consultative workshops are not research. In order to qualify as legitimate systematic inquiry, I suggest that there are certain minimal characteristics that must be present in order for the Consultative Workshop Method to qualify as research. First, the data being captured must be naturalistic. It makes sense to ask the Batswana teachers and counselors, who see children on a daily basis, about the AIDS orphans in their classes and agencies. The data emerging from the investigation are naturalistic. It would make less sense, for example, to ask a group of American professionals in the US about their perceptions of problems associated with AIDS orphans in southern Africa; the data emerging in this instance are not naturalistic (unless, of course, it happened to be a purposefully selected group of professionals who had worked with Batswana children in a context likely to have involved orphans).

A second characteristic is that of intentionality. The project must be designed intentionally, with both pedagogical and research outcomes in mind. If the goal is solely pedagogical, then the process is a consultative workshop. For the process to meet the criteria as Consultative Workshop Method, research outcomes must be planned, deliberate, and intentional.

A third feature relates to the nature of the process, which is both iterative and recursive. The process becomes highly reflexive for both researchers and participants, but reflexive about a knowledge base; this process has the potential to expand the knowledge base and to illuminate questions that are otherwise less discernable.

Finally, by its nature, the data collection process provides an avenue for an immediate feedback loop to participants. Expert responses, produced in the small groups and shared with the larger group, are usually written and can be easily transcribed in a format that is deliverable to the participants by the end of the day or shortly after the close of the consultative workshop.

Conclusion

I learned so much from the teachers and counselors who attended the Maun workshop. The three-day workshop was a natural extension of my HIV/AIDS research agenda, so of course I learned a lot about the teachers/counselors' perceptions of risks and protective factors in the lives of orphans. Unanticipated for me was what I learned about constructing a consultative workshop as a method of qualitative inquiry. The Consultative Workshop Method has a real potential for providing a rich vehicle for collecting ethnographic data. It offers multi-layered opportunities for examining and expanding the knowledge base of those most closely aligned with the phenomenon under investigation. The Consultative Workshop Method gives qualitative researchers an additional venue for the collection of naturalistic data while working in the field.

References

Beebe, J. (2001). *Rapid assessment process: An introduction*. Walnut Creek, CA: AltaMira.

Berg, B.L. (2001). *Qualitative research methods for the social sciences* (4th ed.). Boston: Allyn and Bacon.

Brownill, S., & Darke, J. (1998). 'Rich mix': Inclusive strategies for urban regeneration. Oxford: Policy Press, in association with the Foundation and Oxford Brookes University.

Cottone, R.R., & Tarvydas, V.M. (1998). *Ethical and professional issues in counseling*. Upper Saddle River, NJ: Merrill/Prentice Hall.

Derrida , J. (2001). On cosmopolitanism and forgiveness. London: Routledge.

Foucault, M. (2001). *Power*. New York: New Press.

Foucault, M. (1980a). *Archaeology of knowledge*. Pantheon Books.

Foucault, M. (1980b). *Power/Knowledge*. Pantheon Books.

Griffen, D., Pickworth, M, & Bejarano, R. (2002). *Pittsburgh/SW Pennsylvania image*. Reston, Virginia: Wirthlin Worldwide.

Inclusion Press. (2003). Retrieved February 5, 2003, from http://www.inclusion.com/

Kiselica, M. (1999). Confronting my own egocentrism and racism: A process of pain and growth. *Journal of Counseling and Development*, 77, 14-17.

Krueger, R.A. (1994). *Focus groups: A practical guide for applied research* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Kruger, D. (1981). *An introduction to phenomenological psychology*. Pittsburgh, PA: Duquesne University Press.

Lee,Y-T., & Ottati,V. (2002). Attitudes toward U.S. immigration policy: The roles of in-group-out group bias, economic concerns, and obedience to law. *Journal of Social Psychology*, 142, 617-635.

Levers, L.L., Mosely, E., Conte, C., Darr, J., Moore, H., Shafer, D., Snyder, C., Stinchfield, T., Williams, F., & Wood, A. (June 2002). *Experiences of racism and transgenerational trauma in one African American Community: Portraiture of historical-stirrings-within-a-democratic-context in response to witnessing*

"Without Sanctuary". Research conducted as pedagogical project with doctoral students in a qualitative research course. Presented at the 14th *Ethnographic and Qualitative Research 2002 Annual Conference*. Conference monograph.

Morgan, D.L. (1998). *Planning focus groups*. Thousand Oaks, CA: Sage.

National Conference for Community and Justice (NCCJ). Retrieved 1/23/03. Available from: http://www.nccj.org/

National Conference for Community and Justice, Western Pennsylvania and West Virginia (NCCJ/Pgh). Retrieved 5/28/03. Available from: http://www.nccjpgh.org/

Patton, M.Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Peshkin, A. (2000). The nature of interpretation in qualitative research. *Educational Researcher*, 29 (9), 5-10.

Phelps, R.E., Taylor, J.D., & Gerald, P.A. (2001). Cultural mistrust, ethnic identity, racial identity, and self-esteem among ethnically diverse Black university students. *Journal of Counseling and Development*, 79, 209-216.

Satcher, D. (1999). *Mental health: Culture, race, and ethnicity*. Supplement to *Mental health: A report of the Surgeon General*. U.S. Department of Health and Human Services, Office of the Surgeon General, SAMHSA: Washington D.C.

Shapiro, J.P., & Stefkovich, J.A. (2001). *Ethical leadership and decision making in education*. Mahwah, NJ: Lawrence Erlbaum Associates.

Tesch, R. (1990). *Qualitative research: Analysis types and software tools*. New York: The Falmer Press.

USAID. 1996. *Performance monitoring and evaluation: Using rapid appraisal methods. USAID Center for development information and evaluation*. [On-line]. Available: [http://www.dec.org/evals.html].

van Manen, M. (1990). Researching lived experience: Human science for an action sensitive pedagogy. Albany, NY: State University of New York Press.

Without Sanctuary. A photo documentary organized by John Allen. Retrieved 2/2/02. Available: http://www.musarium.com/withoutsanctuary/index_body.html